# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

PROCESSED AUG 2 2 2008

THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1011						
	SEC USE ONLY					
	Prefix	Serial				
	DATE RECEIVED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)							
Convertible Promissory Notes							
Filing Under (Check box(es) that apply):	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE						
Type of Filing: New Filing Ame	ndment						
	A. BASIC IDENTIFICATION DATA						
1. Enter the information requested about the	issuer						
Name of Issuer ( check if this is an amer	idment and name has changed, and indicate chan	ge.)					
Safelight Security Advisors, Inc.		·					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
44 High Street, Somerville, MA 02144		(800) 616-4969					
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Office)							
Brief Description of Business		A VECKNI BATTAL ARIAN					
Security education company							
Type of Business Organization		08055494					
orporation	limited partnership, already formed	other (please specify).					
business trust	limited partnership, to be formed	•					
Actual or Estimated Date of Incorporation or Organization:    Month   Year							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) $D E$							
	C C. Canada, I Tor Ciner toroign junious						

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to file: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fees as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with the state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

But Sentral and mana	Bing partitor or	partition on p 100 a 410.		•			
Check box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner		
Full Name (Last name first Cheyne, Robert	, if individual)						
Business or Residence Add 44 High Street, Somervill	-	and Street, City, State, Zip	Code)				
Check box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first Maziarz, Michael	, if individual)						
Business or Residence Add 1116 Great Road, Lincoln	•	and Street, City, State, Zip	Code)				
Check box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner		
Full Name (Last name first Hinkle, Paul	, if individual)						
Business or Residence Add 10 Atkinson Street, Roche	•	and Street, City, State, Zip	Code)				
Check box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first	, if individual)						
Business or Residence Add	ress (Number	and Street, City, State, Zip	Code)				
Check box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first	, if individual)	"					
Business or Residence Add	ress (Number	and Street, City, State, Zip	Code)				
Check box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)							
Check box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner		
Full Name (Last name first	, if individual)						
Business or Residence Address (Number and Street, City, State, Zip Code)							
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							

				B. INF	ORMATI	ON ABOU	T OFFER	ING				
											· •	Yes No
1. Has the	e issuer solo	d, or does t	he issuer in	tend to sell	l, to non-ac	credited in	vestors in th	nis offering	?			
			Ans	wer also in	Appendix	, Column 2	, if filing u	nder ULOE	•			
2. What i	s the minim	num investr	nent that w	ill be accep	ted from a	ny individu	al?				. \$	5,000
												Yes No
	he offering											
commi a perso states,	the informatission or siron to be list list the nare or dealer,	nilar remui ted is an as ne of the b	neration for ssociated pe proker or de	solicitatio rson or agealer. If m	n of purcha ent of a bro lore than fi	isers in con oker or deal ve (5) pers	nection wit ler registere ons to be l	h sales of sed with the	ecurities in SEC and/o	the offering with a sta	ig. If ate or	
Full Name	e (Last nan	ne first, if i	ndividual)		•						<del></del>	
Business of	or Residenc	e Address	(Number a	nd Street,	City, State,	Zip Code)						
<u> </u>		- · · · · · · · · · · · · · · · · · · ·				-						
Name of A	Associated	Broker or I	Dealer									
States in \	Which Perso	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers	<u> </u>					
(Check "	'All States"	or check in	ndividual S	tates)			•••••				🔲 A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	e (Last nan	ne first, if i										
D			Olymphan -	d C4	City Ctata	7:- C-4-\						<del></del>
Business	or Residenc	e Address	(Number a	mu Street,	City, State,	Zip Code)						
Name of A	Associated	Broker or I	Dealer								· · · · · · · · · · · · · · · · · · ·	
States in V	Which Pers	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers						
(Check "	'All States"	or check in	ndividual S	tates)						•••••	🔲 A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	(GA)	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	. [OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name	e (Last nan	ne first, if i	ndividual)							•		
Business	or Residenc	e Address	(Number a	nd Street,	City, State,	Zip Code)	<del> </del>					
Name of A	Associated	Broker or I	Dealer									
States in \	Which Perse	on Listed F	las Solicite	d or Intend	s to Solicit	Purchasers						
(Check "	'All States"	or check is	ndividual S	tates)							🔲 A	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		J)	Use blank s	neet, or cop	py and use	additional o	copies of th	is sheet, as	necessary.	)		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCE	EDS
١.	Enter the aggregate offering price of securities included in this offering and the total amount alrea "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns bel exchange and already exchanged.	ady sold. Enter "0" i low the amounts of the	f answer is "none" or e securities offered for
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ <u>0</u>	\$ 0
	Equity	\$ <u>0</u>	
	Common Preferred	•	<u> </u>
	Convertible Securities (including warrants)	\$ 500,000	\$ 142,000
	Partnership Interests	\$ 0	
	Other (Specify)	\$ 0	-
	Total	\$ 500,000	-
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>500,000</u>	\$ 142,000
	Answer also in Appendix, Column 3, it thing under OLOE.		
<u>.</u>	Enter the number of accredited and non-accredited investors who have purchased securities in this of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased stheir purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	2	\$ 55,000
	Non-accredited Investors		
		_	
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secur of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering Question 1.		
	,	Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A	V-844	\$
	Rule 504		\$
	Total		\$
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities solely to organization expenses of the issuer. The information may be given as subject to future con is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		700
	Printing and Engraving Costs	_	5 700
	Legal Fees	<del>-</del> .	\$ 10,000
	Accounting Fees	_	\$_3,000
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		§0
	Other Expenses (identify) Blue Sky filing fees and business consultant		\$ 4,050
	Total		\$ <u>17,750</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS							
b. Enter the difference between the aggregate offerin Question I and total expenses furnished in response to Par "adjusted gross proceeds to the issuer."	t C - Question 4.a. This difference is the	\$ <u>.482,250</u>					
5. Indicate below the amount of the adjusted gross proceeds for each of the purposes shown. If the amount for any p and check the box to the left of the estimate. The tota adjusted gross proceeds to the issuer set forth in response t							
			Payments to Officers, Directors, & Affiliates	Payments To Others			
Salaries and fees		$\boxtimes$	\$ 100,000	<b>■ \$</b> _150,000_			
Purchase of real estate			\$	□·\$			
Purchase, rental or leasing and installation	of machinery and equipment	$\boxtimes$	\$ 10,000	□ \$			
Construction or leasing of plant buildings	and facilities		\$	□ s			
Acquisition of other businesses (including offering that may be used in exchange for pursuant to a merger)		\$	□ s				
Repayment of indebtedness			\$	□ \$			
Working capital		$\boxtimes$	\$ <u>222,250</u>	□ <sub>.</sub> \$			
- Other (specify):							
			<u>\$</u>	<b></b>			
Column Totals	•••••••••••••••••••••••••••••••••••••••	$\boxtimes$	\$ 332,250	<b>∑</b> \$- <u>150,000</u>			
Total Payments Listed (column totals added)			<b>⊠</b> \$ <u>482,250</u>				
D. FEDERAL SIGNATURE							
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Issuer (Print or Type) Safelight Security Advisors, Inc.	Signature 10-10-	Date August/2, 2008					
Name of Signer (Print or Type) Michael Maziarz	Title of Signer (Print of Type)  Treasurer and Chief Operating Officer						

